Form PTO-1594 (Rev. 03/01)

U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office OMB No. 0651-0027 (exp. 5/31/2002) Tab settings ⇒⇒⇒ 101760507 To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof. Name of conveying party(ies): Name and address of receiving party(ies) 1-19-01 AIKEN & ASSOCIATES, LLC Name: AUTOMOTIVE LEASE GUIDE (alg), LLC Internal Address: Individual(s) Association Street Address: 2034 De La Vina Street General Partnership Limited Partnership Zip: 93105 City Santa Barbara State: CA Corporation-State Other California limited liability co. Individual(s) citizenship Association Additional name(s) of conveying party(ies) attached? The Yes I No General Partnership 3. Nature of conveyance: Limited Partnership Assignment Merger Corporation-State Security Agreement Change of Name Other California limited liability co. If assignee is not domiciled in the United States, a domestic Other representative designation is attached: 📮 Yes 📮 No (Designations must be a separate document from assignment) Execution Date: April 5, 2000 Additional name(s) & address(es) attached? 🖳 Yes 📮 No 4. Application number(s) or registration number(s): A. Trademark Application No.(s) B. Trademark Registration No.(s) 2121472 SERIAL NO. 75/205391 ☐ Yes Additional number(s) attached No 5. Name and address of party to whom correspondence 6. Total number of applications and concerning document should be mailed: registrations involved: Name: AUTOMOTIVE LEASE GUIDE (alg), LLC 7. Total fee (37 CFR 3.41).....\$ 40.00 Internal Address: Enclosed Authorized to be charged to deposit account 8. Deposit account number: Street Address: 2034 De La Vina Street N/A Zip:93105 City: Santa BarbaraState: (Attach duplicate copy of this page if paying by deposit account) DO NOT USE THIS SPACE

9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

JOHN BLAIR

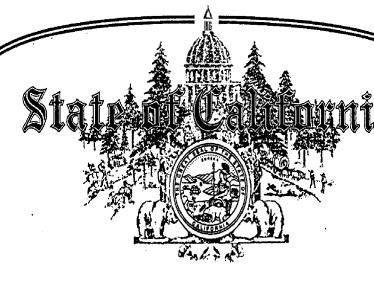
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Name of Person Signing

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Mail documents to be recorded with required cover sheet information to: Commissioner of Patent & Trademarks, Box Assignments



SECRETARY OF STATE



I, *BILL JONES*, Secretary of State of the State of California, hereby certify:

That the attached transcript of ____ page(s) was prepared by and in this office from the record on file, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

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State of California Bill Jones

Secretary of State

LIMITED LIABILITY COMPANY CERTIFICATE OF AMENDMENT

A \$30.00 filing fee must accompany this form. IMPORTANT - Read instructions before completing this form.

In the Office of the Secretary of State of the State of California

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BILL JONES, Secretary of State

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|---|---|------------------------------|---|--|
| 1. | Secretary of State File Number: | 2. Name of Limited Liability | | |
| | 199711910004 | AIKEN & ASSOCIATE | ES, LLC | |
| 3. | Complete only the sections where info necessary. | mation is being changed. | . Additional pages may be attached if | |
| | A. Limited Liability Company Name (End the name with the words "Limited Liability Company," "Ltd. Liability Co." or the abbreviations "LLC" or "L.L.C.") Automotive Lease Guide (alg), LLC | | | |
| | B. The Limited Liability Company will be managed by (Check One): | | | |
| | One Manager More | Than One Manager | Limited Liability Company Members | |
| | C. Amendment to text of the Articles of O | rganization: | | |
| | | | | |
| | D. Other matters to be included in this certificate may be set forth on separate attached pages and are made a part of this certificate. Other matters may include a change in the latest date on which the limited liability company is to dissolve or any change in the events that will cause the dissolution. | | | |
| 4. | Future Effective Date, if any: | Month Day | Year | |
| 5. | Number of pages attached, if any: | | | |
| 6. Declaration: It is hereby declared that I am the person who executed this instrume | | | instrument, which execution is my act and | |
| | Signature of Authorized Person 7/5/00 Date | DOUGLAS Type or Print | W. AIKEN MANAGER Name and Title of Authorized Person | |
| 7. | RETURN TO: | | CEOFE | |
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